

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			11/14/01
O.I.P.E. CLASSIFIER		59	11/26/01
FORMALITY REVIEW	CTH	744	1-16-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 2	3/14/02
3 4	3/14/02
5 6	3/14/02
7 8	3/14/02
9 10	3/14/02
11 12	3/14/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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